LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380113401

Issued 03/21/94
Expires 09/21/94
Revenue Code 18754

Establishment
JOHN LEITIS
T9N R6E SEC 4
STOCKWELL LOT 16
1530 W BURNHAM STREET

FEES: $150.00

TOTAL $150.00

Permittee
JOHN LEITIS
5212 PAWNEE ST
LINCOLN NE 68506

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 3-20-94

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9N ; Range 6E ; Section Section 4/T9N/R6E
   Block _____ : Lot S½ LOT 16 : Addition Stockwell Sub.
   Street Address 1530 W. Burnham
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: _____ ft.

John Leitis — Signature of Applicant (Owner or Lessee)

5212 Pawnee Lincoln NE 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/21/94. Date Frwd. 3/21/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/21/94. Date Frwd. 3/21/94. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineer: Date Rec'd. 3-21-94. Date Frwd. 3-21-94. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL SYSTEM MUST BE UP OUT OF FLOOD PLAIN AND GROUND WATER

Pre-Existing well.

Site Visits:
Date: 5/25/94 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/25/94 By: Jerrold C. Hood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 3-19-94 to 3-20-94. Weather: Precip. None Temp. 60°.

OWNER: Janis A. LeTis

Address: 5212 Pawnee Lincoln NE 68506

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	38	3/19	1:00			3/20	11:40				30	5/8	
2	38	"				"	"				"	3/4	
3	38	"				"	"				"	3/4	
4	38	"				"	"				"	1/2	
5	38	"				"	"				"	1/2	
6	38	"				"	"				"	1/8	
7	38	"				"	"				"	1/2	
8	38	"				"	"				"	1/2	

Dan Bergerstaff
Signature of Person Conducting Test

Address 3605 No 40th Phone 466-8118

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Kennebec Silt Loam
Date: March

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

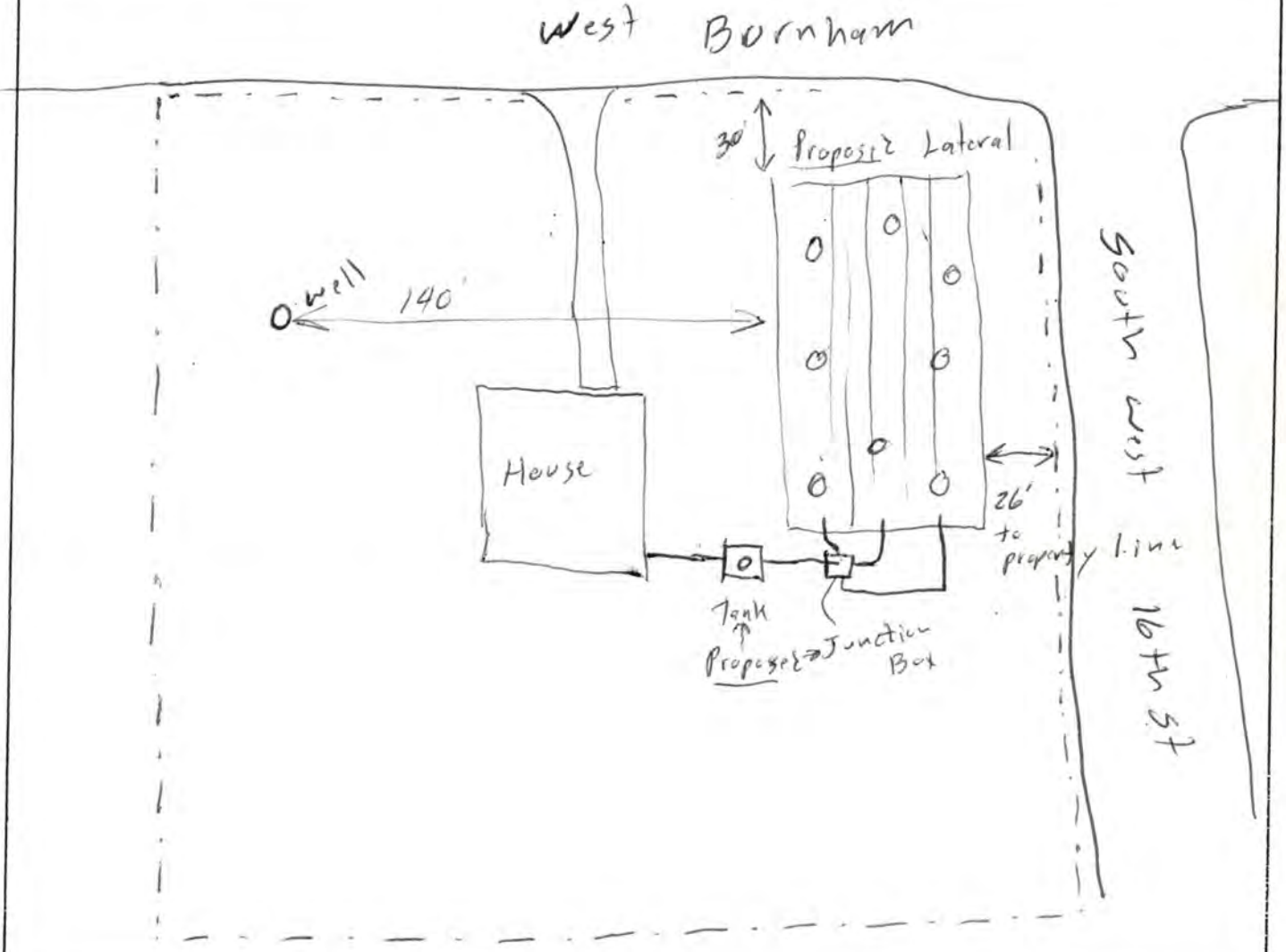
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. _____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

Date: March 22, 1994

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 990 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: 5-25-94

FILE NO. _____

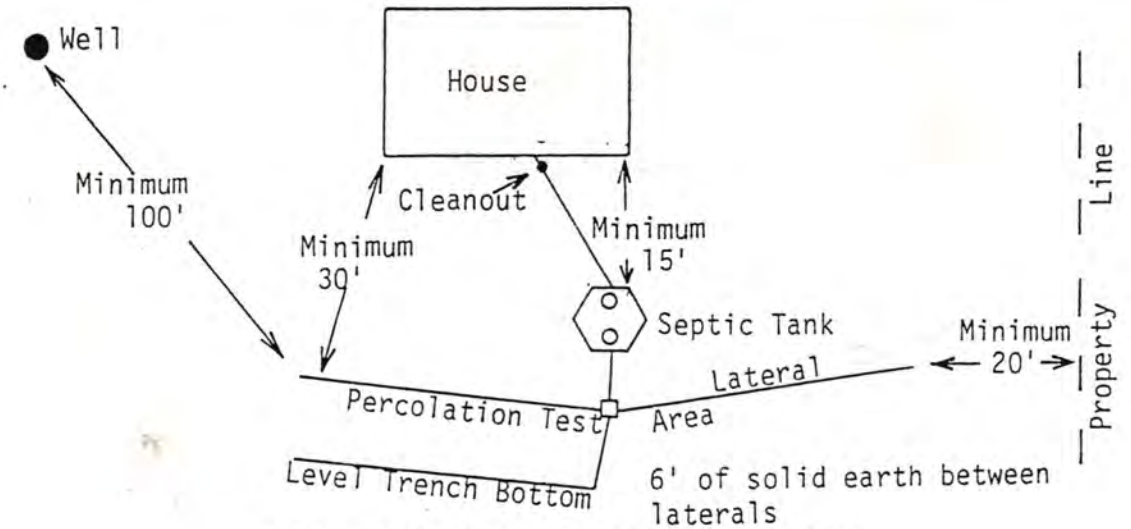
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic; Diameter 4" in.
2. Distance above basement floor 4' in., or below basement floor NA in.
3. Distance between dwelling and septic tank 45 ft.
4. Number of clean-outs 1 inside.
5. Distances to:
Well or Suction Line ~~100~~ 80 ft.; Stream NA ft.; Pressure Line _____ ft.; Property Line ~~90~~ 60 ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 Gallon gals.;
3. Factory Built: Yes ☒ No ☐
(Company Precast)
4. Manholes: Over Inlet; diam. NA in.
Over Outlet; diam. NA in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 12' in.
8. Distances to:
Well or Suction Line 130 ft.; Stream NA ft.; Pressure Line _____ ft.; Property Line 60' ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company Precast)
3. Distance from Septic Tank 18 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 20" or Perforated Pipe NA.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 3; Length of each line 84', 84', 80', _____, _____ ft.;
Total length of laterals 248 ft.;
Distance between lateral lines 11 ft.
3. Trench dimensions: Width 4' ft.;
Slope 3.5" in/100 ft.; Average Depth 36" in.
4. Filter Material: Road Gravel
Depth of Material 20" in.
5. Distances to:
Well or Suction Line 150' ft.; Stream NA ft.; Pressure Line _____ ft.; Property Line 30' ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 1530 W. Burnham

Twp 9N Range 6E Section 4 1/4 ___ 1/4 ___ Block ___ Lot S½ Addition Stockwell Sub.

Directions to Property S½, Lot 16, Stockwell Sub, Sec. 4/T9N/R6E

Location of Well S. E. Corner of Haus Tap Location: Inside ☐ Outside ☒

Location of Sewage System West Side of House Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:	Janis A. LaTis	1530 W. Burnham Lincoln NE 68522	488-2537
Tenant/Buyer:	Same		
Return to:	Janis A. LaTis	1530 W. Burnham Lincoln NE 68522	488-2537

Signature of Applicant Janis A LaTis Address 1530 W Burnham Lincoln NE 68522 Date 10/14/94 14 Oct 94

HEALTH DEPARTMENT USE ONLY

Date Received 10/14/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold Hood **DATE:** 10/17/94

11/21/94 by J.C.H.

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 2.5 ppm	☐ ____ ppm

SEWAGE SYSTEM

Approved ☒

Provisional ☐

Disapproved ☐

Additional Site Visits

Date 10/28/94 by P.D.

Date 11/14/94 by J.C.H.

Date 11/16/94 by J.C.H.

Comments: Chlorine level over 100ppm P.D.

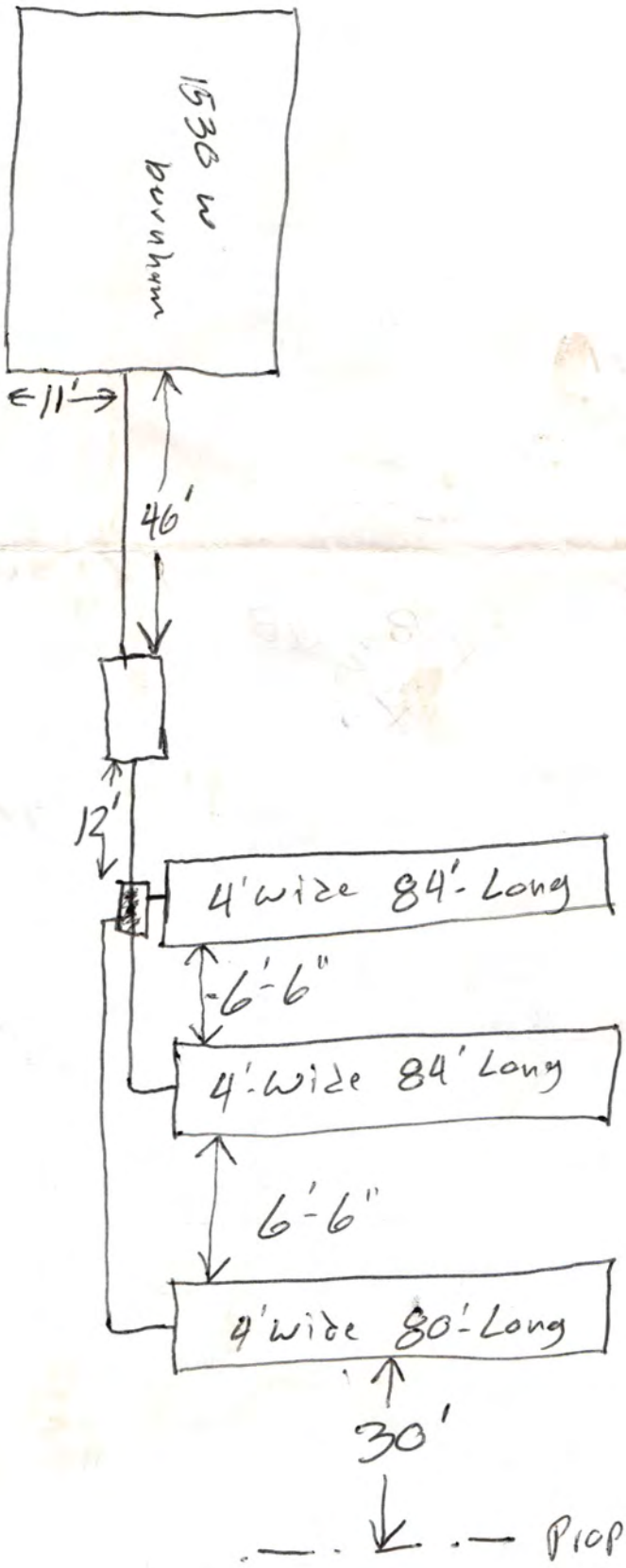
See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒ Provisional Approval: ☐

Approved by Jerrold C. Hood R.E.H.S. Date 11/22/94

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.


1530 W
Burnham
11'
46'
12'
4' wide 84'-Long
6'-6"
4' wide 84' Long
6'-6"
4' wide 80'-Long
30'
Property Line